

NEW JERSEY NATIONAL GUARD FAMILY PROGRAM  
COVER LETTER FOR TELEPHONE TREE INFORMATION  
PRIVACY ACT STATEMENT

(Include this cover sheet whenever transferring Telephone  
Tree information to others.)

"THIS ROSTER WILL NOT BE RELEASED OR DISTRIBUTED OUTSIDE THE DEPARTMENT OF DEFENSE. IN ADDITION TO THE SPONSOR'S NAME, UNIT AND ADDRESS, THIS ROSTER CONTAINS INFORMATION SUBJECT TO THE PROVISIONS OF THE PRIVACY ACT OF 1974: SPOUSE'S NAME, HOME ADDRESS, AND HOME TELEPHONE NUMBER. THIS INFORMATION WILL NOT BE RELEASED OUTSIDE THE DEPARTMENT OF DEFENSE WITHOUT THE WRITTEN CONSENT OF THE INDIVIDUAL CONCERNED. DISSEMINATION WITHIN THE DEPARTMENT OF DEFENSE (INCLUDES FAMILY PROGRAM) IS LIMITED TO THOSE INDIVIDUALS WHO REQUIRE THE INFORMATION FOR THE PERFORMANCE OF OFFICIAL DUTIES. THIS ROSTER WILL NOT BE FURNISHED TO COMMERCIAL ENTERPRISES OR REPRESENTATIVES THEREOF FOR PURPOSES OF SOLICITATION."

FOR OFFICIAL USE ONLY

WHEN CALLING THE RED CROSS THEY WILL ASK YOU FOR  
THE

FOLLOWING INFORMATION:

- a. Service members Rank and Pay Grade
- b. Service members Name
- c. Social Security Number
- d. Service Branch
- e. Military Address and Unit
- f. Zip Code/APO/FOP
- g. Duty Phone
- h. Nature of the Red Cross Message
- i. Person Making Request
- j. Verification Information:  
Patient/Deceased Name
- k. Relationship to Service member
- l. Hospital/Attending Physician/Contact/Phone
- m. Coroner/Phone
- n. Funeral Home Name/Phone
- o. Diagnosis/Prognosis/Recommendation

BE PREPARED TO ANSWER ALL QUESTIONS !!

**EMERGENCY INFORMATION**

Fill out this information and keep near your phone,  
on  
the refrigerator, in your purse or wallet and give  
a  
copy to a friend or relative.

SPONSOR'S

NAME \_\_\_\_\_

SPONSOR'S SOCIAL SECURITY

NUMBER \_\_\_\_\_

UNIT \_\_\_\_\_

SPONSOR'S

COMPANY \_\_\_\_\_

SPONSOR'S

PLATOON \_\_\_\_\_

COMPANY \_\_\_\_\_

COMMANDER \_\_\_\_\_

COMMANDER'S PHONE

NUMBER \_\_\_\_\_

FIRST SERGEANT \_\_\_\_\_

FIRST SERGEANT'S PHONE

NUMBER \_\_\_\_\_

OFFICER IN

CHARGE \_\_\_\_\_

NCO IN

CHARGE \_\_\_\_\_

STATE FAMILY PROGRAM COORDINATOR

NUMBER \_\_\_\_\_

FAMILY PROGRAM COORDINATORS PHONE

NUMBER \_\_\_\_\_

FAMILY READINESS GROUP CONTACT

PERSON \_\_\_\_\_

FAMILY READINESS PHONE NUMBER \_\_\_\_\_

KEY NUMBERS

AMBULANCE 911

FIRE 911

POLICE 911

COMMUNITY HOSPITAL \_\_\_\_\_

FAMILY PRACTICE \_\_\_\_\_

POISON CONTROL CENTER \_\_\_\_\_